

ESSEX EDUCATION COMMITTEE.

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REPORT

OF

SCHOOL MEDICAL OFFICER

ON THE

MEDICAL INSPECTION AND TREATMENT OF  
SCHOOL CHILDREN

FOR THE

Year ended December 31st, 1925.

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CHELMSFORD:

Printed by John Walter & Son, Ltd. (Printers), 25, Essex Street.



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Printed by John Dutton, 8, Tindal Street, and 91, High Street.

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## P R E F A C E .

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### TO THE CHAIRMAN AND MEMBERS OF THE ESSEX EDUCATION COMMITTEE.

In accordance with the requirements of the Board of Education, I have the honour to submit to you the Seventeenth Annual Report on Medical Inspection and Treatment of School Children in the Administrative County of Essex for the year ended 31st December, 1925.

The School Medical Service is approaching the point of adequacy in respect to staff, and the Committee have reason to congratulate themselves on the amount of work accomplished during the year. There can be little to criticise on the score of inspections, routine and special and re-inspection, which is the starting point of all preventive and remedial arrangements. Prevention of disease is largely a matter of personal and domestic hygiene which in turn depend on custom and habit to a great extent. The coming generation has to be induced to eschew that which is evil and cling to that which is good.

In respect of treatment, the family practitioner bears the brunt, but an increasing amount of useful work is done at the clinics and various hospitals. A useful start has been made in respect to the care of cripples.

The greatest need is an impetus to the scheme of dental treatment, particularly in certain parts of the County. The scheme is available, is working in many districts, and should be taken full advantage of in the whole County.

The School Medical Service is potentially one of our strongest forces in securing an improvement of the health of this country from the racial, social and individual points of view. In my earnest judgment, we are getting a good return on the monies and time expended, and the success already achieved justifies increased efforts by all concerned.

I take this opportunity of recording my indebtedness to the Chairman and Members of the Education Committee and Medical Inspection Sub-Committee. My thanks are also due to the Director of Education, Head Teachers, Clerks to the District Education Sub-Committees and the Medical, Dental, Nursing and Clerical Services for their hearty co-operation and assistance.

I desire, also, to thank the Chief Assistant County Medical Officer, Dr. T. P. Puddicombe, for compiling this Report, and for his help throughout the year.

W. A. BULLOUGH,

*School Medical Officer.*

PUBLIC HEALTH DEPARTMENT,  
DUKE STREET,  
CHELMSFORD.

*14th March, 1926.*

## ESSEX EDUCATION COMMITTEE.

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## ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR 1925.

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**1. Staff, &c.**

The estimated population for the Geographical County of Essex for 1924 was 1,514,450, allocated as follows :—

(1) Administrative County area in which the Essex Education Committee are responsible for—

(a) Elementary and Higher Education...	... 476,780
(b) Higher Education only ...	... 476,920
(2) County Boroughs ...	... 560,750

In area (1) (a) mentioned above there is an acreage of 928,502, and this is provided with 423 Elementary Schools consisting of 248 Non-Provided and 175 Council Schools, including two Intermediate and three Special Schools for the mentally defective, the average attendance for 1925 being 56,228. Secondary Schools are eight in number with an accommodation for 1,965 pupils. This is an increase of two Elementary Schools during the year 1925.

Area (1) (b) has 14 Secondary and Trade Schools with accommodation for 4,495 pupils.

The Medical, Dental and Nursing Staff on the 31st December, 1925, consisted of the following :—

(a) *School Medical Officer.*

W. A. Bullough, M.B., Ch.B., M.Sc., D.P.H., County Medical Officer.

(b) *Chief Assistant School Medical Officer.*

T. P. Puddicombe, D.S.O., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.,  
Chief Assistant County Medical Officer.

(c) *Assistant School Medical Officers.*

(i) Full-time School Medical Inspector :—

Charlotte R. Brown (Mrs.), L.R.C.P., L.R.C.S., M.D. (Brux).

(ii) Partly occupied in School Medical Inspection, and also assist in  
Child Welfare Work :—



Maud Bennett, L.R.C.P., L.R.C.S.

Mary D. Rankine, M.B., Ch.B., D.P.H.

Ethel U. Vawdrey (Mrs.), L.R.C.S., L.F.P.S.

(iii) Remainder of time occupied as Tuberculosis Officer :—

R. A. C. Macnair, M.B., Ch.B.

(iv) Remainder of time occupied as Tuberculosis Officer and Child Welfare Officer :—

L. S. Fry, M.B., Ch.B., M.R.C.S., L.R.C.P., B.A., D.P.H.

(v) Remainder of time occupied as Local Medical Officer of Health, Tuberculosis Officer and Child Welfare Officer :—

W. H. Alderton, M.C., M.R.C.S., L.R.C.P., D.P.H.

M. Barker, M.R.C.S., L.R.C.P., D.P.H.

P. J. Gaffikin, M.C., M.D., B.Ch., B.A.O., D.P.H.

N. S. K. Lorraine, M.D., Ch.B., D.P.H.

W. A. Milne, M.B., Ch.B., D.P.H.

J. Ramsbottom, M.B., Ch.B., D.P.H.

J. S. Ranson, M.R.C.S., L.R.C.P., D.P.H.

S. R. Richardson, B.A., M.D., B.Ch., M.R.C.P., D.P.H.

W. B. Wood, M.A., M.D., B.Ch., M.R.C.P., D.P.H.

(vi) Other Medical Officers :—

During the year 1925 the following Medical Officers rendered part-time service as School Medical Inspectors :—

R. H. Vercoe, B.A., M.R.C.S., L.R.C.P., D.P.H. (Medical Officer of Health, Chelmsford Borough).

K. Simpson, M.D., M.R.C.P., D.P.H., as Combined Medical Officer for Barking, and undertakes Secondary School Inspection in that District for the Essex County Council.

A. H. Jacob, L.R.C.P., L.R.C.S., Assistant County Medical Officer, rendered part-time service during 1925 as School Medical Inspector, remainder of time as Tuberculosis Officer. Resigned 13th October, 1925.

(d) *Dental Staff.*

During 1925 the services of the following part-time Dental Surgeons were utilised in the districts named :—

Dentist.		District.
J. N. Baxter, L.D.S., R.C.S., R.F.P.S.	...	Lexden & Winstree and Tendring.
J. E. Bonner, R.D.S.	...	Maldon.
E. J. Cloke, L.D.S., R.C.S.	...	Epping and Wanstead.

Dentist.	District.
F. V. Denne, M.R.C.S., L.R.C.P., L.D.S., R.C.S. ... ..	Chelmsford.
A. Goodey, L.D.S., R.C.S. ... ..	Belchamp and Halstead.
L. G. Hawkins, L.D.S. ... ..	
V. S. Houchin, D.D.S., L.D.S., R.C.S. { (Partners) ... ..	Billericay and Ongar.
D. F. Lewis, L.D.S., R.F.P.S. ..	Tendring.
E. I. Morgan, L.D.S., R.C.S. . .	Saffron Walden and Stansted.
G. E. Phillips, L.D.S., R.C.S. ..	Woodford.
L. G. Pickett, L.D.S., R.C.S. ...	Rochford
F. C. Ritchie, L.D.S., R.C.S. ...	Romford.
W. S. Rose, L.D.S., R.C.S. ...	Orsett.
P. E. Westley, R.D.S. ...	Tendring.
L. G. Whelpton, L.D.S., R.C.S. ...	"
O. H. M. Woodbridge, L.D.S., R.C.S. ...	Waltham Abbey.

(e) *School Nurses.*

Chief Health Nurse Landon, D. M. ... General Training and Certified Midwife, R.S.I.

The following Health Visitors were acting as School Nurses on 31st December, 1925, in the districts mentioned:—

District.	Name.	Qualifications.
Billericay	... White, G. M. ...	General Training and Certified Midwife.
"	... Hinton, A. L. ...	Board of Education Certificate and Certified Midwife.
Braintree	... Watson, H. J. ...	General Training and Certified Midwife.
"	... Skey, A. F. ...	" " " "
Chelmsford	... Wood, A. M. ...	King's College Certificate.
Dunmow, &c.	... Neall, G. ...	Board of Education Certificate and Certified Midwife.
Stansted, &c.	... Chittenden, A. E. ...	General Training and Certified Midwife.
Epping ...	... Richardson, L. ...	Four years' experience as H.V., Certified Midwife and R.S.I.
Buckhurst Hill	.. Glover, E. ...	General Training and Certified Midwife and R.S.I.
Halstead, &c.	... Jossaume, J. ...	General Training and Certified Midwife.
"	... Starr, G. M. ...	" " " "
Dagenham	... Richards, E. F. ...	Board of Education Certificate and Certified Midwife.
Lexden & Winstree	*Ling, L. E. ...	General Training and Certified Midwife.
"	*Jackson, M. J. ...	" " " "
Maldon ...	... Clapson, C. R. ...	" " " "
" ...	... Little, M. A. ...	" " " "
Ongar ...	... Mann, R. L. ...	Sanatorium Training and Certified Midwife.

\*Part-time.



District.	Name.	Qualifications.
Orsett ..	... Wall, A. D. (Mrs.) ...	General Training.
Grays ...	... *Moorman, E. H. ...	" "
" ...	... *Button, E. L. ...	Certified Midwife and long experience as H.V.
Tilbury ...	... *Marsh, E. J. ...	General Training and Certified Midwife.
" ...	... *Page, S. V. B. ...	" " " "
Rochford	... Smith, E. M. ...	" " " "
"	... Richardson, P. M. ...	General Training, Certified Midwife and R.S.I.
Romford	... Newby, A. E. ...	General Training.
"	... Philpott, A. F. (Mrs.)	General Training and Certified Midwife.
Saffron Walden	... Woodman, E. M. ...	" " " "
Tendring	... Steele, M. ...	General Training
"	... Wallace, A. C. G. ...	General Training and Certified Midwife.
Clacton...	... *Bounds, C. E. ...	" " " "
Walton...	... *Sollars, A. ...	Certified Midwife.
Waltham Abbey, &c.	Waterhouse, M. ...	King's College Certificate.
Woodford, &c.	... Carnall, E. F. ...	General Training.

\*Part-time.

## 2. Co-ordination of Health Work.

During the year there has been little alteration in the General Combined Medical Work in the County. The seven combined medical appointments have been added to, in that Dr. Barker, already Assistant County Medical Officer and Tuberculosis Officer, has been appointed Medical Officer of Health and Child Welfare Officer of the Chingford Urban District, and he will also act as School Medical Inspector of the two Elementary Schools in the area.

Dr. Lorraine has been appointed Medical Officer of Health for Shoebury Urban District and Tuberculosis Officer and School Medical Inspector for the Shoebury and Rochford rural areas.

The work of School Medical Inspection and following up under the Combined Medical Scheme is progressing satisfactorily, and is placing the school medical work in a more favourable light, in that the same Medical Officer can review with added interest the whole conditions of human life in the area. More and more interest must be fostered in school medical work, as unless these children, who form the bulk of the future adult population, are well cared for and every defect as far as possible remedied, the ultimate aim of obtaining a healthy general population cannot be realised.

*Health Visitors* continue to carry out combined duties under School, Child Welfare and Tuberculosis Schemes.

During 1925 there has been an addition of three Health Visitors, bringing the number to 33.

The appointment of a Chief Health Nurse has been fully justified, and her work is of the greatest assistance in supervising and co-ordinating the work of the Health Visitors.

District Nurse-Midwives have been increased by five, making a total of 138. These continue to assist in school work.

The further growth of the Becontree Estate calls for the addition of another Health Visitor at an early date.

(a) *Infant and Child Welfare Centres.*

Five additional Centres have been added during 1925, viz., at Canvey Island, Laindon, Rochford, Thundersley and Wickford, making the number of Centres under the County Council Scheme a total of 33.

As in former years, a local Committee, assisted by the County Assistant Medical Officer and the Health Visitor and District Nurse-Midwives, provide the local organisation.

It is satisfactory to note that the Education and Public Health Committees have decided to institute a combined scheme during 1926 for the further investigation and treatment of orthopædic cases with the view, if necessity is shown, of an extension later.

(b) *Nursery Schools* are not established.

(c) *Care of Debilitated Children under School Age.*

These are examined at Clinics and Child Welfare Centres, the Medical Officer in each case giving advice to the parent, and the centre, if such is advised, providing adjuvants to food, such as oil and malt, &c., at reduced prices. If actual medical treatment is required the mother is referred to her own medical attendant.

Cases of cripples are referred for advice of the Orthopædic Surgeon.

### 3. School Hygiene.

An ever-increasing amount of attention is being exercised by the Education Authority in the school environment and structural facilities, and rightly so. The child has to spend several hours a day actually in the school or in its immediate vicinity. It is thus of the utmost importance that the schools should be well built and maintained as far as possible in a cleanly and healthy condition by means of suitable ventilation, warming, cleansing and the provision of adequate and up-to-date sanitation. As in the past, all reports on defects noted by the medical staff are forwarded to the Director for reference and any necessary action; further, many minor points are remedied as the result of direct reference by the Medical Officer to the Head Teacher when visiting the schools.

Building operations in connection with schools have continued during 1925 and are still in progress, the Becontree area still contributing largely to this increase of accommodation.

New schools have been opened during the year as follows:—

Tilbury St. Chad's Junior Mixed.

Dagenham Arnold Road Mixed and Infants.

Grays Bridge Road Boys' Department has been closed and is now registered as an Intermediate School. Clavering C.E. School has been closed as a C.E. School and is now combined with the Clavering Council School.

Definite instructions have now been issued by the Committee for the teaching of hygiene to all older scholars on the lines of the following syllabus which has been issued to all Head Teachers:—

## I. HYGIENE.

### 1. PERSONAL:—

- (a) Cleansing of head, hands and body. Personal disgrace if neglect of these.
- (b) Necessity of periodical baths. Special attention to be paid to cleansing of armpits and other parts, waste products partly eliminated by pores of the skin. Washing before meals and care of nails.
- (c) *Nose and Throat.* The gateway of health. Enlarged tonsils and adenoids, discharges from ear; deafness. Importance of nasal hygiene and handkerchief drill.
- (d) Care of the teeth and mouth, to include short history of eruption of teeth.
- (e) Regularity of routine, as necessary to get rid of waste products daily as it is to feed. Evils of constipation and simple rules to correct these.
- (f) Regularity of rest and sleep and number of hours required by the healthy.

### 2. CLOTHING, &c:—

- (a) Choice of: Compare flannel, flannelette and cotton.
- (b) Quantity and quality of clothing.
- (c) Regular weekly change of underclothing.
- (d) Washing, drying and airing of clothing.
- (e) Boots, kinds of: avoid pressure on foot, and evils of pointed toe and high heel.
- (f) Beds and bedding; choice of and care of.
- (g) Second-hand clothing, unless source known, bake or wash before use.

### 3. THE HOUSE:—

- (a) Situation, sub-soil, nearness to roads, advantages of fresh air and sunlight.
- (b) Ventilation and necessity for open windows, especially so in bedrooms.
- (c) Heating, explain different systems and advantages and disadvantages of open fires, stoves, radiators, gas, &c.
- (d) Lighting, advantages of good light, both artificial and natural, absorption of oxygen by gas burner as compared to electric light.

(e) Rooms, air space in, cubical space, disadvantages of excessive furniture in small rooms, not more than two persons per bed, separation of sexes, &c.

(f) Rooms, airing and cleansing of, furniture, utensils.

(g) Disposal of waste, use of fire in destruction of, use of dustbin, avoid fouling of soil by waste, fluid and solid. Keeping down and destruction of flies.

(h) Animals, dangers of association in small home with children, nearness of kennel and chicken pens to house.

4. DISEASES which flourish in uncleanness, lack of sunlight and ventilation may be classified under the following three headings :—

(a) *General* : Rickets, malnutrition, gastritis, &c.

(b) *Local* : Impetigo, scabies, ringworm, scabs, sores of skin and scalp, conjunctivitis, &c.

(c) *Infectious* : Scarlet fever, diphtheria, typhoid fever, small-pox, measles and German measles, whooping cough, chicken-pox, mumps, tuberculosis, influenza, &c. (see Form M.I. 57).

5. FIRST AID : Accidents, injuries, &c.

## II. FOOD AND DRINK.

1. THE NECESSITY OF FOOD AS :—

(a) Builders of the body.

(b) Producers of energy and warmth.

(c) Purifiers of the blood by salts, &c., in vegetables.

2. THE SPECIAL USES OF DIFFERENT KINDS OF FOODS.

3. THE SPECIAL ADVANTAGES OF A MIXED DIET.

4. CHOOSING OF THE RIGHT KINDS OF FOOD.

5. STORING OF FOOD (avoidance of handling of).

6. COOKING OF FOOD :—

(a) The proper method of cooking different foods.

(b) The proper method of serving food when cooked.

7. REGULARITY OF MEALS.

The reasons and necessity of, evil of overeating, three meals a day ample, avoid meal just before going to bed.

8. DRINKS :—

(1) WATER, ITS VALUE AND NECESSITY.

(2) MILK AS FOOD AND DRINK :—

(a) Obtaining of pure supply.

(b) Storage of in home.



## (3) TEA, COFFEE AND COCOA :—

- (a) When to use and when not to.
- (b) The making, strength and evils of strong tea.

## 4. ALCOHOL :—

- (a) Normally not required, and especially is this so in the young.
- (b) Strengths in Beers, Wines and Spirits.
- (c) Evil effects of excess on :—
  - nervous system,
  - work and general health,
  - which lead to :—
  - Waste of money, neglect of self and family and even moral fall and crime.

### III. BIOLOGY IN ITS RELATIONSHIP TO HUMAN LIFE.

## 1. Show relationship between plants, animals and human life :—

- (a) All being comparable and capable of being traced back to unicellular organisms, protoplasm and its growth.
- (b) All grow, feed, digest, assimilate and excrete.
- (c) All feed, move and produce.

## 2. Higher the organism (plant or animal), the greater the multiplicity of systems of protoplasm.

Grouping the cells together for different functions, *e.g.*, circulatory, reproductive and excretory.

## 3. Human the highest state shown by :—

Uses man makes of animals, plants, both for daily foods and daily uses as clothing, implements for work, &c.

## 4. Relationship in Disease :—

(a) Show influence of plant life, *e.g.*, Bacteria (microbes) in causing and carrying disease. Diphtheria, Tuberculosis, &c.

(b) Give methods of destruction of these lower forms by carc, sterilization boiling, &c.

(c) Show influence of animal life in :—

- (i) carrying disease, *e.g.*, fly, mosquito, flea, gnat, &c.
- (ii) causing disease, *e.g.*, parasitic worms (tape worm), &c.

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### PAMPHLETS OF REFERENCE.

- (1) The various leaflets issued by the County School Medical Officer.
- (2) Syllabus of the Board of Education. Hygiene of food and drink, 1921, price 2d.
- (3) Practice of Health. Head Masters' Conference. Warren & Son, Winchester, 1/
- (4) Oral Hygiene. Dental Board of the United Kingdom.



#### 4. Medical Inspection.

(a) Routine inspections, as in previous years, have been confined to the age groups presented by the Board of Education, which comprise the following :—

- (i) *Entrants.*
- (ii) *Intermediates.* Children between the ages of eight and nine.
- (iii) *Leavers.* Children between 12 and 13 years of age, together with those not previously examined in this group.

In addition a number of children have been examined under the following headings :—

- (iv) *Specials.* These are not due for routine inspections, but cases selected or referred for inspection by the Medical Officer, Head Teacher, School Nurse or others.
- (v) *Re-examinations.* This group includes children previously referred for treatment or observation.

The numbers examined under the above headings are as shown in Table I. (A) and (B).

#### (b) *Steps taken to secure early ascertainment of crippling defects.*

Ascertainment has been proceeded with as in previous years by circularizing of Head Teachers followed by examination by the Medical Officers.

The inauguration of the Orthopædic Scheme has given a much needed interest to crippling defects, as there is now a prospect of getting expert advice and treatment, although the latter is somewhat delayed, due greatly to lack of hospital accommodation for such cases.

#### (c) *Holding of inspections off school premises.*

As previously mentioned facilities in many schools are poor, due to the lack of a separate room, and necessitates the massing of classes on the day of inspection.

It was found necessary to seek outside accommodation in the following instances :—

Great Burstead	...	...	Hall adjoining.
Kelvedon	...	...	Parish Hall.
South Benfleet	...	...	Church Hall.

#### *Facilities provided for children who partake of the mid-day meal at School.*

As set out in last year's Report, the Committee have given this matter serious consideration, and issued a Memorandum to School Managers and Head Teachers on the subject, and this has created an added interest in the provision of facilities and supervision at the mid-day meal.

Reports from the different areas show that in the majority of schools facilities are provided under the following headings:—

- (i) Warming of food brought to school. This is only occasionally required as mostly the food is cold, a hot meal being eaten on return home in the evening.

Hot drinks, usually cocoa, is frequently supplied at a small charge or free from a local fund. Hot water is supplied for use with the cocoa brought. Some children bring thermos flasks with cocoa or milk.

In some cases a hot meal can be bought from the Cookery Centre.

- (ii) Supervision is provided, in that all children are collected in one room and supervised usually by a Teacher who also partakes of the mid-day meal at school.

In some cases it is stated that the Caretaker is in charge. This would seem to be much less satisfactory than being under a Teacher.

It should be also borne in mind that it is necessary to see that ample time is given to the meal.

- (iii) The service of the meals is in some cases excellent, the food being received by the Teacher when the child comes to school and again handed out at meal time. In a few cases table cloths and drinking cups are supplied, in others papers are used as cloths. In some schools care is taken to see that each child washes the hands before sitting down to the meal. This might well be adopted in every school. In one area it is mentioned that Grace is said before and after meals.

### 5. Findings of Medical Inspections.

Details of numbers seen are given in the Tables at the end of the Report in the form asked by the Board of Education.

Table IA. and B. show the numbers examined, and these show a substantial increase. The figures for 1923-24 are here recorded for comparison:—

		1923.		1924.		1925.
Routine	...	24,253	...	20,170	...	24,722
Specials	...	7,715	...	8,652	...	9,055
Re-examinations	...	2,917	...	8,285	...	15,290
Totals	...	34,885	...	37,107	...	49,067

The total number of inspections has increased, and the increase is chiefly noticed in the re-examinations, showing that a wider interest is being taken in the work outside the ordinary routine examinations and that there is an increased attendance of children at the clinics.

Table IIA. gives details of defects requiring treatment or observation and of these dental disease, abnormal conditions of the nose and throat and defective vision continue to contribute to the bulk of the numbers. Defects of nutrition and uncleanness also continue to show appreciable numbers under the heading of requiring observation, both of which conditions may of course result, if continued, in general ill health.

Table IIB. refers to routine cases only, showing that 11.53 per cent. of these were considered to require treatment, an increase of 1.18 per cent. on last year's figures, and would tend to show that further and more strenuous efforts must be made to ensure that more facilities for treatment are made available, or that every opportunity is taken to see that full advantage is taken of the Medical Officers' advice to make use of the facilities available. This can only be done by assiduous and continuous following up, together with education of the parents as to the necessity of getting early medical advice for any ailment.

(a) *Uncleanness.*

During the year strenuous efforts have been made by the Health Visitors and Medical Officers to further eradicate any conditions indicative of neglect in this respect.

There is no reason why every child at school with continual vigilance and the active co-operation of the Head Teachers and parents should not be absolutely free from vermin and nits in the hair, whilst with this co-operation in case of accidental infection, the lapse from cleanliness would be discovered at the commencement and could be eradicated without any abstention from attendance.

Nurses and Medical Officers report on the whole that the assistance of Head Teachers is invaluable and willingly given.

It should be fully understood that to have a dirty child in school is a reflection on the organization of the school, and once this is realized by the Head Teachers there should be little need for assistance of the Nurse in order to ensure clean scholars.

Some Nurses report that the new fashion of shingling of grown-ups has greatly assisted, in that the parents are now willing to keep the girls' hair shorter, and this is, of course, an assistance in keeping it clean.

Table II. shows that 49 children at routine inspections required treatment for uncleanness; this number only, out of 24,722 inspected, is a matter for congratulation, and certainly tends to show that gross uncleanness is becoming very much less.

Taking the figures for both Specials and Routines, 149 required treatment and 518 required to be kept under observation, both figures are an improvement on last year, when nearly 5,000 less children were examined.



Table IV. Group (V.) refers also to uncleanness, and gives details of the Nurses' visits to schools, &c.

The average number of visits to schools of the Nurses was 11, and at these visits 58,044 examinations of children were made and 2,526 children found unclean. This is an increase, both in visits, examinations and of children found unclean. Taking this in conjunction with the previous figures, under routine inspections, it may, I think, be assumed that the strenuous efforts on the part of the Nurses have brought about a higher standard of cleanliness and that the desired effect has been produced in setting a higher standard as to the condition which may be considered as reasonably clean.

The baths at Grays and Tilbury continue to render facilities for the children in these districts; 4,125 baths have been given at the former and 4,064 at the latter. The bath at the Woodford Special School is also most helpful to the scholars in attendance.

Under Section 87 of the Education Act, 1921, action has been taken and 59 children cleansed under arrangements made by the local Committees.

A cleansing order was obtained for 10 others but not put into force.

Legal proceedings against parents have been taken in the following cases with the results as shown;—

*For uncleanness—*

(a) Under the Education Act, 1921	...	...	3
(b) Under the School Attendance Byelaws	...	...	20

(i) Fines of 5s. in two cases and one case placed under Probation Officer and adjourned for four months.

(ii) 10 cases in one district; the fines totalled £3 10s.

One case (three children) adjourned four months under observation of Court Probation Officer—at end of period good improvement reported and case withdrawn. Nine cases (16 children concerned) two fines of 2s. 6d. each; four fines of 5s.; one dismissed following adjournment of one month; two dismissed on payment of costs (4s. each) following adjournment and cleansing of children.

*(c) Other conditions needing treatment.*

In the course of medical inspections enquiry is made concerning all special cases, *i.e.*, mental and physical defects, including malnutrition. Classification of certain cases under the latter heading has from time to time caused the Committee some anxiety. Children classed under the heading of malnutrition does not necessarily mean lack of food.

The following factors, amongst others, have to be considered when deciding on the cause of any lack or apparent lack of nutrition :—

- (1) Past history of the child    Many children are, and always will be, under the average weight for their height, due to their small bony structure. Such children may, however, be perfectly healthy.
- (2) After recent illness some children will show lack of nutrition ; this is probably only temporary.
- (3) There may be an adequate amount of food partaken of, but the natural result of good nourishment is not attained, due to one or more of the following :—
  - (a) The food given may not be of the right quality, either through lack of proper constituents or lack of proper preparation (cooking, &c.)
  - (b) The food may not be properly masticated (the meals being bolted), due attention not being given to the time taken over meals, or meals given at irregular intervals.
  - (c) Meals may be partaken of in a vitiated atmosphere and without the proper cleansing of utensils or hands, whereby the children swallow deleterious matter with the food.
  - (d) There may be some inherent or organic defect (*e.g.*, septic teeth), in the child's constitution which prevents proper absorption of the food after digestion.
  - (e) There may be actual lack of sufficient food.
  - (f) The home conditions may be insanitary, both in structure and upkeep, *i.e.*, overcrowding, poor ventilation, absence of sunlight, &c.

Medical Inspectors must try to find in each case the actual cause and endeavour to take appropriate steps to remedy any defect discovered. Especially is their help required for children who show malnutrition which can be attributed to one of the causes shown under the heading (3) *d*, *e* and *f*.

In April, 1925, a special enquiry was made at the instance of the Board of Education into the physique of children attending County Elementary Schools. For the purpose of this enquiry in Essex eight rural schools were taken and all scholars in these schools on the day of inspection were reviewed.

This review comprised 448 scholars. The points brought out by the data supplied may be summarised as follows.

In health and physique the rural child is, as a rule, up to the average. There are, however, exceptions, and these may be the result of various factors.



The following may have some influence on the child's health :—

(a) *In connection with the school.*

- (i) Distance of home from school is at times excessive. This is especially hard on the child under eight years of age.
- (ii) Facilities for the drying of wet clothes and boots are incomplete.
- (iii) Sufficient time and care are not always given to the taking of the mid-day meal. This is receiving increased attention. (See Annual Report, 1924, page 24).
- (iv) Delicate children attempt to attend school regularly when inclement weather makes the journey a severe tax on their energies.

(b) *In connection with the home.*

- (i) Ignorance of many parents in regard to economical feeding and kinds of food suitable to the child. Country children do not get sufficient fresh milk (due in some instances to shortage of milk locally).
- (ii) Lack of sleep. Children, as a general rule, are not given sufficient rest in bed. Parents do not seem to realise that a child requires rest, even if not asleep all the time. There may be a change of opinion in regard to Summer Time in this connection.
- (iii) Families are frequently too large with a resultant lack of care of and food for the children.
- (iv) Ignorance in regard to suitable clothing and footgear; all young children should in winter wear a woollen undervest.
- (v) The agricultural worker has a low wage but has compensatory facilities over the town dweller, not the least of which is the better open-air surroundings. On the other hand the housing accommodation of the agricultural worker is, generally speaking, more unsatisfactory, and water supplies are certainly not so convenient.

Benefits would be derived by the children by attendance to the following points :—

- (i) More care and facilities should be provided with regard to the nature of and to the mode of partaking of the meals when these are taken at the schools.
- (ii) Proper facilities for drying clothes, drinking and washing should not only be provided at the school but the Teacher should see that these facilities are made use of to the full.
- (iii) Attendance at school of children under the age of six should not be compulsory.

- (iv) More open-air schools.
- (v) More attention should be given in the curriculum to domestic economy.
- (vi) It is gratifying to note that gradual improvement is taking place in those structural and furnishing matters which have a bearing on the general health of the scholars.

Sir George Newman, Chief Medical Officer of the Board of Education, in his report for 1924, page 46, writing on the results to be concluded from this enquiry throughout England, states :—

“ We are now in a position to give the answers as furnished by this enquiry to the principal questions which it raises.

“ Firstly, there is a substantial degree of physical impairment among rural children, particularly at the ages of six to eleven years.

“ Secondly, there is no widespread decadence. Indeed, with certain exceptions, there are good grounds for believing that on the whole there is improvement, and in some rural areas great improvement.

“ Thirdly, the rural children are, as a whole, still physically ahead of the urban children, though not so much ahead as was formerly the case. In some areas they now fall behind the urban children.”

He makes the following recommendations for the consideration of all Local Education Authorities responsible for rural schools :—

- (i) That particular attention should be given by the County School Medical Officer to the ascertainment of subnormal children in rural schools. Head Teachers should be encouraged by the Authority to report upon such children to the Medical Officer.
- (ii) That the arrangements for providing or making available medical treatment and school nursing, particularly for minor ailments, in rural areas, should be reviewed forthwith. There is reason to believe that many school children in rural districts are not in fact receiving the treatment which the School Medical Officer certified to be necessary.
- (iii) That young children under six years of age should be discouraged from school attendance if the distance from school is excessive (or in winter or during inclement weather).
- (iv) That by suitable means a sufficient mid-day meal shall be secured for the child who cannot return for it.
  - (a) Some parents may be guided as to the quality and quantity of the carried meal.
  - (b) Provision should be made at the school for the supervision, comfort and well-being of dinner children. Hot drinks may be provided or made available.

- (c) School canteens may be established for supplying dinners or meals may be prepared at the local cookery centre. Experience shows that such canteens can be made self-supporting at a trifling cost to the parents, even after making allowance for those few parents who may be really unable to pay even the small charges made and in respect of whose children it may be necessary to put into operation Section 82-85 of the Education Act, 1921.
- (v) That reasonable facilities for the changing and drying of wet boots and clothing shall be available in every rural school.
- (vi) That insanitary rural schools should at least be made sanitary, and that even where the fabric cannot be amended, steps should be taken by the authority to ensure that by proper usage and management, sufficient lighting, heating and ventilation of the schoolroom is secured.
- (vii) That the services of voluntary workers be enlisted from Women's Institutes or other bodies in the work of school welfare in order that the country child may have the benefits which now accrue to the town child through the agency of Care Committees. Such Committees could organize education in mothercraft, domestic economy and child nurture and management, regarding which there is much ignorance and some neglect.

Ringworm has not caused as much difficulty as in some years, although two schools contributed largely to the numbers, viz., Parkeston and Theydon Bois.

*c) Extracts from Assistant Medical Officers' Reports.*

The following are extracts from the Assistant Medical Officers' reports on the work in their different areas, as reviewed at the end of the year 1925 :—

Dr. W. H. Alderton (Lexden & Winstree)—

- (1) Dental treatment has increased. The Local Committee are to be congratulated on the increase in conservative work which is the essential part of a dental scheme.
- (2) General treatment should improve, due to the local Hospital's contributory scheme, under which for a contribution of threepence per week the whole family can receive treatment without further cost.
- (3) The visit of an Orthopædic Surgeon is a great advantage to all concerned, and when the scheme is fully organized will assist in early treatment of defects and consequent prevention of gross crippling.
- (4) Head Teachers have been most helpful in their assistance and co-operation in the work.



Dr. M. Bennett (Orsett and Billericay)—

- (1) School Medical Inspections have been carried out in all schools, bringing the work up-to-date.
- (2) Dental Clinics are carried out, and when clinic rooms are available at Brentwood this will be a great advantage. Acceptance of treatment is limited by poverty and prejudice.
- (3) The general level of nutrition and robust health appears somewhat low in some schools. At one school delicate children imported from the east end of London bring down the average, and at this school defective vision is shown by large numbers as compared with others in the district.

Dr. C. R. Brown (Romford)—

- (1) Medical Inspection has been pressed forward and the inspections are up to date in all schools in the area.
- (2) Facilities for dental treatment are excellent, but conservative treatment is not at all popular with parents.
- (3) Facilities for treatment of Tonsils and Adenoids are adequate and greatly taken advantage of by parents.
- (4) Review of orthopædic cases at the clinics arranged has removed the difficulties experienced in dealing with cripples resident in the rural area.
- (5) Clothing. Over clothing is a common fault. Insufficient clothing is rarely met with. Mothers, although they themselves realize the benefit and freedom of movement derived from a few warm light garments which are the rule of the present day, still present children for inspection clothed around the trunk in seven or eight heavy garments, although the extremities are frequently insufficiently clothed. Boots and shoes on the whole are good.
- (6) A treatment centre in the Dagenham area is urgently needed.

Dr. L. S. Fry (Epping and Waltham Abbey)—

- (1) The general impression gained from the inspections in the rural areas is that the children of farm labourers as compared with others show an inferiority in nutrition, general appearance and clothing.
- (2) Dental treatment has shown progress; it will, however, not be really effective until it is possible for the Dentist to inspect in every school at least once a year.
- (3) Several orthopædic cases have been dealt with and aid has been received from the Surgical Supply Depôt, Kensington. In a certain number of cases parents refuse surgical interference.

Dr. P. J. Gaffikin (Braintree and Dunmow)—

- (1) School Medical Inspection has proceeded satisfactorily and arrears reduced.
- (2) Objections to inspection are very rare except in some of the rural schools where prejudice dies hard.
- (3) Treatment, the natural corollary of medical inspection, is difficult of attainment in a scattered area and especially so in an agricultural community where wages are low. Dental treatment is particularly required.
- (4) In the rural schools a number of children bring their dinner to school, and while in some schools arrangements are made for them to have hot drinks, there are a number where no such provision is made.

Dr. N. S. R. Lorraine (Rochford)—

- (1) There has been a particularly good attendance at routine inspections by parents, thus showing their interest in the work.
- (2) It is most desirable that medical schedules of all children coming into the area should be available at the examination as also should the child welfare card when the child attends school.
- (3) There are certain cases of apathetic parents who require more than persuasion to get their children efficient treatment.
- (4) Thanks are due to the District Sub-Committee, School Managers, Head Teachers and School Nurses for loyal co-operation and assistance in the work.

Dr. J. Ramsbottom (Tendring)—

- (1) The work has proceeded satisfactorily and parents' interest appears to be increasing.
- (2) There appears to be little difference physically in the child of the rural area as compared with the child of the more populous area; it however appears that certain defects are more prevalent in certain localities. Ringworm cases gave some difficulty at the Parkeston School in the early part of the year; this was, however, eradicated by constant supervision to ensure complete treatment.
- (3) In a large proportion of cases it is difficult to make parents realize the importance of dental treatment.
- (4) Increasing interest has been shown by Head Teachers in the work and their assistance is most helpful; their influence carries great weight with the parents.



Dr. M. D. Rankine (Maldon and Braintree)—

- (1) Medical Inspection has proceeded satisfactorily and with fewer objections from parents.
- (2) Cleanliness on the whole is good, but there are exceptions which it appears can only be dealt with at cleansing stations. In some cases Head Teachers re-admit children before efficiently cleansed. If the area the School Nurse had to cover was less these conditions could be dealt with more efficiently.
- (3) Treatment advised is in a fair number of cases carried out, but unfortunately there are still parents indifferent to any advice.
- (4) There are a number of mentally deficient and dull and backward children who should be in a special school or class.
- (5) Tonsils and Adenoids. The increased facilities for operations in these conditions have been beneficial.
- (6) Head Teachers have given very willing and every necessary assistance in the work.
- (7) Dental treatment. Much has been done in the Maldon district, but more conservative treatment is required and a general dental scheme is badly needed in the Braintree district.
- (8) Provision of meals. In some schools hot drinks are provided in the dinner hour; this should invariably be done for those children who remain for the mid-day meal.

Dr. J. S. Ranson (Halstead and Belchamp)—

- (1) School medical work has shown satisfactory progress. The parents, by attendance at inspections, show their appreciation of the work.
- (2) He again mentions the excellent work done by the Halstead Care Committee in the provision of treatment for defects, and refers to the difficulty of getting satisfactory dental treatment for isolated cases in country districts.
- (3) General attendance has been up to the average. Influenza and measles in the early part of the year contributed to absence, and whooping cough at Helions Bumpstead in December.

Dr. S. R. Richardson (Saffron Walden and Stansted)—

- (1) General health of the scholars has been very good and epidemics few. There is a gradual improvement in cleanliness.
- (2) Medical Inspections have been well attended by parents with no refusals to examinations.

- (3) The Minor Ailment Clinics have been well attended and parents appreciate the facilities of obtaining Cod Liver Oil and Malt at a cheap rate. The percentage of minor defects in which treatment is received is still too low in the rural districts.
- (4) The problem of drying children's clothes and boots during wet weather at the school requires further consideration.
- (5) The work is greatly facilitated and assisted by the co-operation of Care Committees, Managers and others interested in the welfare of school children.

Dr. E. U. Vawdrey (Woodford and Wanstead)—

- (1) The routine examinations in schools and treatment at clinics have proceeded satisfactorily, gaining the confidence and appreciation of the parents.
- (2) Influenza, measles and mumps have contributed to the reduced attendance at schools during the year. One Infants' School was temporarily closed for mumps.
- (3) Tonsils and adenoids operations have been carried out with less delay and with satisfactory results.
- (4) Dental Clinics have shown an increasing success and more conservative work has been done.

Dr. R. H. Vercoe (Chelmsford Rural)—

- (1) Medical inspection has proceeded satisfactorily with an increased number of parents being present at inspections and fewer objections. The attendance of parents at inspections and the amount of treatment carried out as the result of the inspection are to a large extent determined by the attitude and influence of the Head Teachers.
- (2) Refractions have been carried out and all children referred received the necessary treatment, 72 children obtaining glasses. In the past two years 81 girls and 61 boys obtained glasses through the clinic arrangement. Review of the power of lenses prescribed tends to show that of those who came under review the visual defect was greater in boys than in girls (although the actual number of girls receiving glasses was greater than that of the boys). In long sighted cases, both girls and boys, the left eye appears to have shown the greater defect, whilst in short sighted cases this eye appears to have had a slight advantage in sight.
- (3) Dental treatment has shown progress. The actual charge of 2s. 6d., plus bus fare to the centre, is a serious deterrent to the treatment of children of agricultural labourers. 22 sessions have been held, but this is totally insufficient compared with the amount of work required to be done in the area.

- (4) Orthopaedic cases. Earlier admission to hospital for actual treatment is needed.
- (5) The Care Committee is showing steadily increasing interest in the welfare of the children and assisting financially in the provision of dental treatment, &c., for necessitous children.

Dr. W. B. Wood (Orsett)—

- (1) Inspection and Minor Ailment Clinics are appreciated by the parents and well attended.
- (2) The regular weekly Eye Clinic, where, in addition to refractions, an observation is kept on those suffering from myopia, is also well attended.
- (3) Dental treatment. Little progress has been made in conservative treatment. A plea is made for the services of a full-time Dental Surgeon and the education of parents in the great importance of the care of the teeth.
- (4) Tonsils and adenoids. Under the new scheme operations for these conditions are being carried out, and parents, as a general rule, are eager to avail themselves of the treatment provided. It is hoped that the minimum charge to parents may be reduced in order that the necessitous may not suffer.
- (5) In Tilbury facilities for treatment have increased, both under the private practitioner and the local hospital.

## 6. Infectious Diseases.

These have again been prevalent during the year. Influenza and whooping cough were particularly prevalent in the first quarter of the year, and measles, chickenpox and mumps have also contributed largely to exclusions from school throughout the year.

School closure was resorted to by the Local Sanitary Authority in the case of 57 schools under Article 57. The summary of the closures is as follows :—

Disease.				No. of Schools closed.
Influenza ...	...	...	...	36
Measles ...	...	...	..	10
Whooping Cough	...	...	...	4
Scarlet Fever	...	...	...	3
Chickenpox	...	...	...	3
Mumps ...	...	...	..	1
				—
				57
				—

There were no closures under Article 45 (b). Full use has been made of Article 53 (b) for exclusion of actual cases of infectious diseases and contacts of the same in order to, as far as possible, prevent the spread of disease by attendance of infected or possible carriers.

The Regulations under which exclusion is practised (being in accordance with the Committee's instructions given in M.I. 57) have been revised and re-issued during the year to all Head Teachers. Opportunity was taken in the revision to add a few notes on common ailments and first aid.

Arrangements continue whereby Head Teachers notify both the School Medical Officer and the local Medical Officer of Health of any infectious diseases prevalent amongst the scholars giving the names of those excluded as suffering from the disease or contacts of the same.

On receipt of these notices information is sent to the School Medical Inspector or further enquiry into the conditions prevailing, and on this enquiry advice is given to the Teacher and the School Medical Officer on any further action advised. These enquiries are supplemented by visits of the Health Visitor to the homes if occasion requires.

The School Medical Officer's Certificate has been supplied under Circular 1337, certifying reduction of attendance due to infectious diseases in regard to 30 schools.

The following is a summary of the reasons given for issue of this certificate :—

Disease Prevalent.				No. of Schools.	
Measles	...	...	...	...	12
Influenza	...	...	..	...	7
Whooping Cough	...	...	..	..	6
Mumps	...	...	...	...	3
Chickenpox	...	...	...	...	2
				—	
				30	
				—	

## 7. Following up.

The procedure adopted in previous years has been adhered to, particulars of all cases referred being notified to the Health Visitor on M.I. 54, she being the chief agent in following up. These lists are also supplied to Head Teachers and Clerks to Care of Children Committees. The latter's assistance is particularly helpful in cases requiring further persuasion.

The services of the District Nurse-Midwife are also made use of by the Health Visitor for assistance in outlying cases requiring continual visits.

Health Visitors made 16,968 visits, and District Nurse-Midwives 7,810 visits in these duties.



## 8. Medical Treatment.

Medical Inspectors are instructed to always refer parents of children who need treatment in the first instance to their usual medical attendant, and when such treatment is not forthcoming an endeavour is made to get efficient treatment under the County schemes at clinics or hospitals.

### (a) *Minor Ailment Clinics.*

These are giving the same amount of satisfaction and good results as in previous years, are increasingly attended by children for the simple ailments which are not usually provided for by the private practitioner, and are most helpful to the teachers in receiving assurance as to the child's fitness to attend school whilst treatment is being carried out.

The total number of clinics under the County scheme is the same as for last year, viz., 16. Arrangements have been made and sanctioned for treatment of children of the Boy's Garden City, Dr. Barnardo's Home, at the Hospital in the grounds to be recognized as a School Clinic, thereby solving a question of attendance.

A small treatment centre has been established at Maldon pending the building of a complete Combined Treatment Centre.

The Romford Clinic has been improved, in that it is now held in more commodious quarters in a Combined Treatment Centre.

It is hoped in the near future to establish clinics at Witham, Dagenham, Brentwood and Waltham Abbey, and to improve facilities in Braintree by removal to more suitable quarters.

The total number of attendances at clinics during 1925 was <sup>20,124</sup>30,689. The number of individual children was 7,849.

List of clinics with particulars as to position and session held :—

Clinic.	Times of Sessions.		Where held.
1. Clacton	...	Monday, Tuesday, Wednesday, Thursday & Friday mornings	Skelmersdale Road, Clacton.
2. Grays ...	...	" " "	Grays Quarry Hill Council School.
3. Romford	...	Monday, Wednesday & Friday mornings	29, Eastern Road, Romford
4. Woodford	...	Monday, Wednesday & Friday mornings	The Shrubbery, South Woodford.
5. Chingford	...	Wednesday afternoons	... South Chingford Council School.
6. Wivenhoe	...	Thursday mornings	... Wivenhoe Council School.



	Clinic.		Times of Sessions.		Where held.
7.	Halstead	...	Wednesday mornings	...	Halstead Cottage Hospital.
8.	Braintree	...	Tuesday mornings	...	Co-operative Buildings, Braintree.
9.	Wanstead	...	" "	...	Handicraft Centre, Wanstead.
10.	Buckhurst Hill	...	Friday afternoons...	...	Buckhurst Hill St. John's Church Hall.
11.	Shoeburyness	...	Alternate Thursday afternoons		Council Chambers, Shoeburyness.
12.	Saffron Walden	...	Friday mornings ...	...	Friends' Adult School, Saffron Walden.
13.	Tilbury	...	Friday mornings (Inspection)...		Tilbury Welfare Centre.
			Tuesday afternoons & Friday mornings (Treatment)		Tilbury Council School Baths.
14.	Stansted	...	Alternate Wednesday mornings		Central Hall, Stansted.
15.	Brightlingsea	..	" "		Church School, Brightlingsea.
16.	Epping	...	Alternate Thursday mornings		Gas Company Buildings, Epping.

(b) *Tonsils and Adenoids.*

During 1925 there has been much useful work carried out under the Committee's arrangements with hospitals for operations to remedy these defects with advantage to those who otherwise would go without treatment.

Table IV., Group III., shows that 466 were operated upon, and 2,193 received other forms of treatment for these conditions, making a total of 2,659 ameliorated or cured—over 1,000 more than in 1924.

The total number of operations has been less than in 1924, but 43 more cases have been dealt with under the Committee's scheme. In addition to the eight hospitals mentioned in last year's report, arrangements have also been sanctioned by the Committee with the following for treatment of these defects:—

Braintree Cottage Hospital.

Harwich Cottage Hospital.

Tilbury Searren's Hospital.

If suitable arrangements could be made in the Rochford District for the cases arising in this area, the Committee's scheme would now be fairly complete.

(c) *Tuberculosis.*

Similar arrangements have continued as in previous years for the examination of suspected cases. The diagnosis of pulmonary tuberculosis in children is not easy, and usually cannot be made until there has been a considerable period of observation.

The School Medical Inspectors are encouraged to refer doubtful cases to the Tuberculosis Officer for an opinion, and, if necessary, observation is maintained over any cases of suspicion.

Certain children can readily be classified as of a pre-tubercular type, whereas the Medical Examiner may be unable for the time being to definitely make a diagnosis of tuberculosis. Such children should undoubtedly be given adequate treatment by being sent for the necessary period (this will sometimes be a matter of two or more years) to an open-air school.

If sufficient open-air school accommodation were provided there can be little doubt that such children would derive great and lasting benefit from school attendance, and this procedure would tend to reduce the incidence of tuberculosis in adolescence, as the delicate and pre-tubercular would, in a large percentage of cases, have their resistance so raised as to be able to withstand the incidence of this disease in that most critical period, early adult life.

During the year 160 scholars (boys 91, girls 69) have received sanatorium treatment.

(d) *Skin Diseases.* (Table IV., Group I.)

During 1925 full advantage was taken of the clinics for treatment of these conditions. The numbers do not materially differ from those of 1924. The number who received treatment, apart from the Committee's scheme, was, however, much larger, being 5,875, as compared to 994.

Ringworm of the Scalp treated total 191, and of these 10 received X-ray treatment under the Committee's scheme.

In some cases it requires much persuasion before parents will allow their children to be subjected to X-ray treatment, although if the disease is in any way extensive, this is the only rapid way of producing the desired effect, and any delay in consenting to this treatment means an extra time for the child's exclusion from school with a consequent loss of attendance and education.

(e) *External Eye Diseases.*

427 received treatment, 279 of these being treated at the clinics.

(f) *Vision.*

As in previous years, refractions are carried out by the school medical staff, and several cases in the extra-metropolitan area are dealt with at London Hospitals.

Table IV., Group II., shows that 3,034 were treated, 2,615 of these being dealt with under the Committee's scheme. 774 children were prescribed glasses by the Assistant Medical Officers and 112 by outside agencies. 770 children obtained glasses and full advantage was taken of getting these at the reduced rate, arrangements for which are similar to previous years.

*g) Ear Diseases.*

709 children received treatment, 437 of these being under the Committee's scheme.

*h) Dental Treatment.*

In 1922 the Education Committee issued terms of reference with regard to dental treatment whereby the District Committees were empowered to make provision for and carry out dental inspections and treatment for elementary school children, a proportional grant being made by the Education Committee to assist in the provision of such treatment.

There are, however, still districts in which no dental work has been done, and there is urgent need for increased facilities for this work in all districts.

District Committees are asked to see that this most beneficial form of treatment is pressed forward during 1926.

The object to be aimed at is to provide adequate and efficient inspection and re-inspection and treatment for all children needing the same. There must be a great increase of conservative work as compared to mere extractions. In other words, the main object is to get treatment carried out before a tooth becomes unsavable and thereby preserve a good set of teeth for each child.

The advantage to the health of the general population will be universal when it can be assured that each child on leaving school will have as near as possible a full set of sound healthy teeth. This much desired state of the children's teeth can only be attained by increased propaganda amongst parents and children on the need for care of and treatment for the teeth, followed by increased and adequate treatment of all those who are in need of this.

An adequate dental scheme will provide for the following :—

- (1) Education of the general populace, and parents in particular, by means of pamphlets, talks, &c., to show them that—
  - (a) Good teeth are a valuable asset and a necessity to good health.
  - (b) An adequate and suitable diet, especially during infancy, for the preservation of the growth and retention of perfect teeth is essential.
  - (c) Oral hygiene and the regular and proper use of the tooth brush to minimise fermentation in the mouth are of the utmost value in the promotion of sound teeth and a clean and healthy mouth.
- (2) Periodical dental inspections and treatment of the teeth of all school children.



Whilst in all treatment schemes there must necessarily be a certain number of extractions to rid the mouths of unsavable decayed teeth and unnecessary overcrowding, the majority of the treatment in children should be on conservative lines with the object of preserving a good set of teeth for efficient mastication of the food, thus preparing the way for subsequent digestion and assimilation of the nutritive portions of the same into the system.

Table IV., Group IV., records the work carried out during 1925. These figures show some slight improvement in regard to numbers treated and conservative treatment received, but there is a lot of leeway to make up. Before the scheme can be regarded as at all adequate, there must be a large increase in this branch of most useful and beneficial work.

(i) *Crippling Defects.*

Several cases receive treatment at the London Hospitals, and in all necessitous cases assistance is afforded by the Committee to defray cost of treatment.

In the last report it was pointed out that the services of Mr. Whitchurch Howell, F.R.C.S., as Orthopædic Surgeon, had been obtained for the purpose of holding clinics in various parts of the County in order to assist the School Medical Service in reviewing all cases of cripples when it was considered further treatment, operative or otherwise, was needed. This arrangement has continued, and by Mr. Howell's advice and treatment much advantage has been obtained in dealing with cases otherwise unprovided for. The kindness of this surgeon also in seeing certain individual cases at the Queen's Hospital, Hackney, where he is Senior Surgeon, is also appreciated.

Since the scheme was commenced to the end of January, 1926, 14 clinics have been held at the centres enumerated below. These clinics are not limited to children of school age, younger children are also seen, *i.e.*, children under five years of age, and usually these are cases referred by Child Welfare Officers. In this way it is intended to co-operate with the Public Health Committee for a further year as an experiment to ascertain the real facts and necessity for extensions in the work and the best method of working a full scheme for the immediate benefit and after-care of all cripples in the County. The earlier the children can be brought under treatment in the majority of the defects, the better the results of treatment, and also the less time required for the treatment. Consequently it will be seen that much of this treatment in future years should be carried out in the pre-school age.

Centres at which clinics have been held are—

Two sessions at each of the following :—

Brentwood, Grays and Romford.

One session at Braintree, Chelmsford, Clacton, Colchester, Harwich, Maldon, Saffron Walden, Woodford.

A total of 14 sessions in all.



At these clinics 113 children (boys 61, girls 52) have been seen, and of these 13 are under school age.

A review of the reports gives the following information :—

(a) *Diagnosis of cases seen.*

Congenital defects, club foot, &c.	...	...	32
Infantile Paralysis and after effects of	...	...	41
Spinal curvature or twists	...	...	6
Hemiplegia (paralysis affecting both arm and leg one side)	...	...	5
Cleft palate	...	...	2
Other deformities	...	...	27

(b) *Treatment.* 50 cases were recorded as having at some time had hospital treatment.

To continue under present treatment	...	...	13
Required admission to Hospital	...	...	45
Ordered apparatus or modified boots	...	...	23
For observation	...	...	23
No treatment required	...	...	9

In addition to the 113 children noted above, at the Colchester and Harwich Clinics, children were also seen for the Borough Authorities, viz., 11 for the former and 6 for the latter.

The Committee have continued the arrangement with the Brookfield Orthopædic Hospital at Walthamstow for admission of cases there, and during the year seven cases have been dealt with at this Hospital, two being still in the hospital.

The lack of beds and funds has, however, made it impossible to deal with cases as expediently as would seem desirable, and the waiting list of Essex cases is now 30.

In last year's report the requirements for a typical Orthopædic Scheme were set out and the present scheme is lacking in one main essential, viz., Orthopædic After-care Clinics equipped with the necessary apparatus and staff.

No doubt this defect will soon be remedied.

Table III. shows that 20 children are at certified cripple schools, and in addition 22 children (9 boys and 13 girls), were treated at High Beech Surgical Sanatorium.

Cases of surgical tuberculosis are adequately dealt with under the Public Health Tuberculosis Regulations as in past years.

As the general Orthopædic Scheme progresses, however, it will probably be found that the treatment of surgical tuberculosis at least in children can best be dealt with in conjunction with general orthopædics, both from a view of economy and general results, as the after treatment will, in the majority of cases, be best catered for at the same clinic.

## 9. Open-Air Education.

(a) *Classes* in the open are encouraged, although it is felt that much more use might be made in some areas of the facilities available for the holding of classes in the open air. The newer schools are built on much more rational lines, both in the arrangement of classrooms and in building these of a type which can be made practically open-air rooms.

(b) *School journeys* and (c) *School camps*—nil.

(d) *Open-air classrooms* added—nil.

(e) *Open-air Day Schools* are not provided.

(f) *Residential Open-air Schools.* The Committee now maintains 13 beds at the Ogilvie School, Clacton. During 1925 29 children (boys 14, girls 15) had periods of stay there, the defects for which children were admitted being chiefly anaemia and debility. Much greater use of this institution could profitably be made.

Sible Hedingham Sanatorium School (32 beds) received 74 children suffering from pulmonary disease (40 boys, 34 girls), from the County area during 1925, and High Beech, as stated above, 22 children suffering from surgical tuberculosis.

## 10. Physical Training.

This is carried out by the teaching staff.

## 11. Provision of Meals—Nil.

## 12. School Baths.

See paragraph 5.

## 13. Co-operation of Parents.

Parents attended routine inspections in 61 per cent. of the routine examinations. This is very satisfactory when it is taken into account that in rural districts it is often most difficult for the mother to attend and still keep up her household duties. Many of the Medical Inspectors report that parents are certainly taking a keener interest in this work.

Refusals to examinations are still received and will continue as long as this is within the law. During 1925 refusals were received in the case of 127 children, as compared to 148 in 1925.

## 14. Co-operation of Teachers.

Willing help has again been given by Head Teachers and for this the medical and nursing staff are very grateful. It is essential that the Head Teacher, the Medical Officer and Nurse should carry on this work together, as each can render the other great assistance with increasing benefit to the children.

## 5. Co-operation of Attendance Officers.

Close co-operation is encouraged by periodical consultations with the Clerk to the District Sub-Committee on the part of the Health Visitor and interchange of information with the Attendance Officer with regard to absentees from school.

## 6. Co-operation of Voluntary Bodies, &c.

(a) *Care of Children Committees.* These Committees continue to render valuable assistance, and especially is this the case in those areas where the Committees have raised voluntary funds to assist in obtaining treatment for necessitous cases.

(b) *Essex County Nursing Association.* Valuable assistance in following up, &c., is rendered by the District Nurse-Midwives of this Association.

(c) *Essex Voluntary Association for Mental Welfare* continue to assist in supervision of the mentally defective, and from time to time bring to the notice of the Director of Education certain cases requiring further enquiry.

(d) *The N.S.P.C.C.* render every assistance when asked in regard to stimulation of the neglectful parent.

(e) *The British Red Cross Society.* A member of this Society continues to give most useful assistance at the Woodford Clinic.

(f) *Ministry of Pensions* give assistance on occasions with regard to children who come under the care of this body.

(g) *Almoners of London Hospitals* send communications as occasion requires in regard to children receiving treatment at these hospitals.

## 7. Blind, Deaf and Epileptic Children.

(a) *Ascertainment* has continued as in previous years, and as each case is brought to notice these are especially reported on by the Medical Officers and referred for special education and training as occasion requires.

The numbers shown in Table III. include specials up to 16 years of age.

(b) *Blind.* Of these 19 children (boys 12, girls 7), are in Residential Schools.

(c) *Deaf.* 26 children (14 boys and 12 girls) are in Residential Schools.

The Committee continue to reserve 35 beds at Gorleston Residential School, and at present have 34 children there, viz., blind, 13 (boys 9, girls 4), deaf, 21 (boys 13, girls 8).

(d) *Epileptics.* Four children (boys 2, girls 2), are in Residential Schools. Undoubtedly, all cases of severe educable epileptics should be in Residential Schools.



(e) *Mentally Defective Children.* 158 children (boys 111, girls 47), are in attendance at Special Schools. 31 of these, viz. (17 boys, 14 girls), are at Residential Schools.

At the three Special Day Schools in the County the attendance was as follows :—

			Boys.	Girls.	Total.
Grays ...	...	...	39	9	48
Woodford	...	...	21	12	33
Romford ..	...	...	30	11	41
			—	—	—
	Totals ...	...	90	32	122
			—	—	—

Arrangements are made for children to have a mid-day meal at minimum cost at each school. Baths are available at the Grays and Woodford Centres. In addition three boys attend the Walthamstow Special School.

Educable children not in attendance at Special Schools where there is no day class available attend the ordinary Elementary School and are kept on the list for entrance at a Residential School when a vacancy occurs.

Owing to the small number of places available a large number never get to the Special School. When a vacancy does occur a selection of the most urgent cases is made to fill such vacancy.

Ineducable children are reported to the Local Control Authority for care and control. Similar action is taken with all children who have attended a Special School on attaining the age of 16.

Children who have not attended Special Schools are reported by the Director of Education (when they leave the Elementary School at the age of 14) to the Essex Voluntary Association for further supervision, and as this Association acts as the supervising body for the Local Control Authority, these cases, if found to be refractory, are referred by the Association to the Statutory Authority.

By this means complete supervision and after-care is maintained of all certified defectives. As mentioned in previous reports the establishment of backward classes at least in the large centres would be a help and greatly facilitate the procedure of ascertainment.

Children who have attended the Authority's Special Schools as mentioned above are reported either for voluntary or statutory supervision.

The Head Teacher in each case keeps more or less in touch with the old scholars, but there are at present no special Local After-care Committees in connection with these schools. The inauguration of such Committees would doubtless be of much value and would act as a guiding council for these defectives.



A summary of the after careers of children who have left the Special Schools in the past four years as far as they have been kept is given below :—

Occupation.				Males.	Females.
Farm or general labourer	...	...	...	10	—
Domestic service	..	...	...	—	9
Assist at home	...	...	...	6	9
Factory hand	...	...	...	3	4
Laundry...	...	...	...	—	1
In Institution	...	...	...	4	1
Left the district	...	...	...	6	2
Dead	...	...	...	4	1
Gardener	...	...	...	3	—
Errand or van boy	...	...	...	6	—
Boot repairing	...	...	...	2	—
Other, including milk round, greengrocer, waiter, watchman, caddy	...	...	...	10	—
				—	—
				54	27
				—	—

Wages earned vary. In the case of the males the following is reported :—

Earning weekly £2 or over	...	...	2
„ „ £1 „	..	...	5
„ „ 15s. „	...	...	3
„ „ 10s. „	...	...	3

Others are reported as earning good wages but amount not known.

8. Nursery Schools are not established.

9. Secondary Schools have not been increased during the year.

The accommodation is as follows :—

			No. on Books, 31st December, 1925.	
			Boys.	Girls.
Schools in Part III. Areas	..	10	3,648	1,522
Schools in remainder of County	..	8	1,965	543
Totals	..	18	5,613	2,065
				3,839

There are four Trade Schools in the Part III. Areas with 847 pupils on books (501 boys and 246 girls).

Tables I. and II. show the numbers examined and the conditions found during 1925. 2,547 pupils were examined at routine examinations and 106 specials and 1,778 re-examinations were made. These figures show a decrease in routine examinations but an increase in re-examinations. Refusals have been few and the objections received in the particular school mentioned in the last report have been largely overcome.

At the routine examination 238 were found to require treatment (excluding uncleanness and dental disease), being 9.3 per cent. or 1 per cent. above that for 1924.

As in previous years the highest figures are given for those showing defects of the teeth and vision.

The routine inspection, owing to change of medical staff, is overdue in two boys' schools. This should be brought quite up to date during 1926.

The Head Masters and Mistresses continue to show a keen interest in the work and give great assistance in the following up of cases referred for treatment.

Full use is made of the Physical Instructors in supervising exercises for cases of minor deformities.

One school in particular has given some trouble in the condition of cleanliness of the girls' heads and this has been improved by the assistance of the Health Visitor in making periodical surveys and following up those found unsatisfactory.

## 20. Continuation Schools are not established.

## 21. Miscellaneous.

### (a) *Bursar and Scholarship Candidates.*

Table III. at the end of the report gives the figures for 588 pupils examined under this heading, and of these 70 were found to require treatment. Also a further 137 required dental treatment, and of the others defective vision gives the largest numbers.

### (b) *Pupil Teachers, &c.*

Reports after examination were submitted on 3 Intending Teachers, 30 Pupil Teachers, 9 Student Teachers and 30 Supplementary Teachers.

### (c) *Propaganda and Lectures.*

Talks are given from time to time by Medical Officers and Health Visitors at Women's Institutes, Welfare Centres, &c.

Special meetings have been addressed in the schools by Medical Officers and by School Dentists. These talks to parents and other children should receive every encouragement as it is very necessary to disseminate health knowledge, especially amongst the older scholars, in order that these, the future parents, may, as far as possible, practise a healthy mode of life.

## 2. Employment of Children and Young Persons.

Examinations as set out below have been carried out under these regulations, a total of 489 children having been reported upon :—

			Boys.	Girls.
(i) Submitted for examination ...	...	...	466	23
(ii) Passed as fit ...	...	...	411	13

### Employments :—

(a) Farm work	...	...	4	—
(b) Home...	...	...	59	5
(c) Gardening	...	...	12	—
(d) Paper delivery	...	...	216	7
(e) Milk delivery	...	...	19	1
(f) Errands	...	...	91	—
(g) Others	...	..	10	—

Local Sub-Committees act under the Education Committee as the Juvenile Employment Advisory Body, and arrangements have been made that the School Medical Inspector makes a note on each child's card when examined in the leaver group as to any unsuitability for any particular employment. Full use should be made of this knowledge when advising *re* employment. In no case is the School Medical Officer the Certifying Factory Surgeon.

## 3. Special Enquiries.

Arrangements have been made for certain Medical Officers to take part in the Board of Education's Anthropometric and Racial Characteristics Enquiry.

Encephalitis Lethargica. Enquiry has been made in the Administrative County Area *re* the increase and after effects of this disease, as far as it affects children between the ages of 5 and 16 years, and the position in August was as follows :—

Seven children (boys 3, girls 4), were reported as having suffered from the disease.

Of these three died, viz., boys 2, girls 1.

After results are shown in the case of two girls. Of these, one (aged 13) has been sent to a Residential School as high grade feeble-minded, and one (aged 7), has some weakness of the left arm and leg and is receiving treatment.

Since this report one boy also affected mentally has moved in from an outside area.

A conference was held by the School Medical Officer in December with the Health Visitors, including Child Welfare Nurses, when all essential points of the work in connection with the children's health, following up, &c., were discussed.



# MEDICAL INSPECTION RETURNS.

## ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31st DECEMBER, 1925.

## A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

				Boys.	Girls.	Total.
Entrants	..	..	..	4,310	4,009	8,319
Intermediates	..	..	..	4,431	4,447	8,878
Leavers	..	..	..	3,914	3,611	7,525
Totals ..	..	..	..	12,655	12,067	24,722

Number of other Routine Inspections .. .. Nil

## B.—OTHER INSPECTIONS.

				Boys.	Girls.	Total.
Number of Special Inspections	..			4,392	4,663	9,055
Number of Re-Inspections	..			6,924	8,366	15,290
Totals ..	..	..	..	11,316	13,029	24,345

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN  
THE YEAR ENDED 31ST DECEMBER, 1925.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)				
Malnutrition ..	113	872	181	19				
Uncleanliness :	49	490	100	28				
(See Table IV., Group V.)								
Skin	Ringworm :							
	Scalp ..	5	5	75				
	Body ..	11	5	54				
	Scabies ..	9	5	18				
	Impetigo ..	27	15	594				
	Other Diseases (Non-Tuberculous)	102	54	1100				
Eye	Blepharitis ..	51	68	68				
	Conjunctivitis ..	7	13	64				
	Keratitis ..	—	—	2				
	Corneal Opacities ..	2	2	15				
	Defective Vision (excluding Squint)	855	442	513				
	Squint ..	71	45	8				
Ear	Other Conditions ..	8	11	85				
	Defective Hearing ..	42	86	77				
	Otitis Media ..	46	75	71				
Nose and Throat	Other Ear Diseases ..	20	26	91				
	Enlarged Tonsils only ..	402	741	151				
	Adenoids only ..	265	154	42				
	Enlarged Tonsils and Adenoids ..	402	105	109				
Enlarged Cervical Glands (Non-Tuberculous)	Other Conditions ..	35	500	150				
		36	171	80				
Defective Speech ..	4	42	10	2				
Teeth—Dental Diseases ..	6482	579	347	10				
(See Table IV., Group IV.)								
Heart and Circulation	Heart Disease :							
	Organic ..	16	87	72				
	Functional ..	12	166	17				
Lungs	Anaemia ..	29	274	39				
	Bronchitis ..	21	66	76				
	Other Non-Tuberculous Diseases ..	30	317	22				
Tuber- culosis	Pulmonary :							
	Definite ..	6	8	21				
	Suspected ..	18	31	58				
	Non-Pulmonary :							
	Glands ..	9	10	31				
	Spine ..	—	5	1				
	Hip ..	—	4	1				
	Other Bones and Joints ..	1	3	5				
	Skin ..	—	—	—				
Nervous System	Other Forms ..	—	—	7				
	Epilepsy ..	2	2	14				
	Chorea ..	2	30	27				
Deformities	Other Conditions ..	1	40	83				
	Rickets ..	1	21	10				
	Spinal Curvature ..	6	32	12				
Other Defects and Diseases	Other Forms ..	36	156	103				
		302	1061	722				

TABLE II.—*continued.*

—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION  
TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES.

GROUP.	NUMBER OF CHILDREN.		Percentage of children found to require Treatment.
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS :—			
Entrants ... ..	8319	863	10·37
Intermediates ... ..	8878	1095	12·33
Leavers ... ..	7525	892	11·85
Total (Code Groups) ... ..	24,722	2850	11·53
Other Routine Inspections ... ..	—	—	—

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1925.

—	—	—	Boys.	Girls.	Total.
Blind including partially blind)	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ... ..	12	7	19
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ... ..	—	—	—
		At no School or Institution ... ..	1	4	5
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ... ..	1	—	1
		Attending Public Elementary Schools ...	12	9	21
		At other Institutions ... ..	—	—	—
		At no School or Institution ... ..	4	5	9
Deaf including deaf and dumb and partially deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ... ..	14	12	26
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ... ..	—	—	—
		At no School or Institution ... ..	1	1	2
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ... ..	—	—	—
		Attending Public Elementary Schools ...	11	8	19
		At other Institutions ... ..	—	1	1
		At no School or Institution ... ..	1	4	5

TABLE III—continued.

			Boys.	Girls.	Total.
	Feeble-minded (cases not notifiable to the Local Control Authority.)	Attending Certified Schools for Mentally Defective Children ...	111	47	158
		Attending Public Elementary Schools ...	65	52	117
		At other Institutions ...	1	2	3
		At no School or Institution ...	41	27	68
Up Author	Notified to the Local Control Authority during the year.	Feeble-minded ...	15	8	23
		Imbeciles ...	6	6	12
		Idiots ...	5	4	9
Epileptics	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ...	2	2	4
		In Institutions other than Certified Special Schools ...	—	—	—
		Attending Public Elementary Schools ...	6	5	11
		At no School or Institution ...	5	4	9
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ...	28	6	34
		At no School or Institution ...	2	4	6
Physically Defective	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	1	1
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	8	8
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	18	7	25
		At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	81	68	149
		At other Institutions ...	—	—	—
		At no School or Institution ...	15	19	34
	Delicate children (e.g., pre- or latent tuberculosis, malnutrition, debility, anaemia, &c.)	At Certified Residential Open Air Schools ...	9	8	17
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	181	258	439
		At other Institutions ...	—	—	—
		At no School or Institution ...	5	5	10
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	9	11	20
		At Public Elementary Schools ...	21	14	35
		At other Institutions ...	1	1	2
		At no School or Institution ...	18	19	37
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, &c., and including those with severe heart disease.	At Certified Hospital Schools ...	2	3	5
		At Certified Residential Cripple Schools ...	10	5	15
		At Certified Day Cripple Schools ...	—	—	—
		At Public Elementary Schools ...	174	156	330
		At other Institutions ...	—	—	—
		At no School or Institution ...	44	38	82



TABLE IV.

## RETURN OF DEFECTS TREATED DURING 1925.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.)

Disease or Defect.  (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>in—</i>			
Ringworm-Scalp... ..	172	19	191
Ringworm-Body ... ..	67	2	69
Scabies ... ..	56	5	61
Impetigo ... ..	1093	16	1109
Other skin disease ... ..	2504	142	2646
<i>Minor Eye Defects</i> ... ..	279	148	427
External and other, but excluding cases falling in Group II.).			
<i>Minor Ear Defects</i> ... ..	437	272	709
<i>miscellaneous</i> ... ..	3069	5271	8340
(e.g., minor injuries, bruises, sores, chilblains, &c.)			
Total ... ..	7677	5875	13552

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease.  (1)	No. of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report) ... ..	2446	212	131	2789
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ... ..	169	16	60	245
Total ... ..	2615	228	191	3034

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme	...	...	...	774
(b) Otherwise	...	...	...	112

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme	...	...	...	686
(b) Otherwise	...	...	...	84

TABLE IV.—*continued.*

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme — in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
230	236	466	2193	2659

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were:—

(a) Inspected by the Dentist:

Aged:

Routine Age Groups	5 ...	857	} Total ... 6338
	6 ...	2224	
	7 ...	1679	
	8 ...	707	
	9 ...	189	
	10 ...	198	
	11 ...	199	
	12 ...	117	
	13 ...	124	
	14 ...	41	

Specials ... .. 681

Grand Total ... .. 7019

(b) Found to require treatment ... .. 4803

(c) Actually treated ... .. 4183

(d) Re-treated during the year as the result of periodical examination ... 75

(2) Half-days devoted to:—

Inspection ... ..	33	} Total .. 299
Treatment ... ..	266	

(3) Attendances made by children for treatment ... .. 4195

(4) Fillings:—

Permanent teeth	1313	} Total ... 1432
Temporary teeth	419	

(5) Extractions:—

Permanent teeth	2450	} Total ... 11547
Temporary teeth	9097	

(6) Administrations of general anaesthetics for extractions ... .. 2479

(7) Other operations:—

Permanent teeth	172	} Total ... 250
Temporary teeth	78	

TABLE IV.—*continued.*

## GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses ... ..	11
(ii.) Total number of examinations of children in the Schools by School Nurses	208,044
(iii.) Number of individual children found unclean ... ..	2,526
(iv.) Number of children cleansed under arrangements made by the Local Education Authority ... ..	59
(v.) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921 ... ..	3
(b) Under School Attendance Bye-laws ... ..	20

## SECONDARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31ST DECEMBER, 1925.

## A.—ROUTINE MEDICAL INSPECTION.

Number of Code Group Inspections.

Age.	Under 12	12	13	14	15 & over.	Total.
Boys .. ..	270	173	106	127	142	818
Girls ... ..	513	373	151	235	457	1729
Totals .. ..	783	546	257	362	599	2547

## B.—OTHER INSPECTIONS.

	Special Cases.	Re-examinations.
Boys .. ..	62	12
Girls .. ..	44	1766
Totals .. ..	106	1778

Number of individual children found at Routine Medical Inspections to require treatment (excluding uncleanliness and dental diseases) .. .. 238

TABLE II.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL  
INSPECTION IN 1925.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)					(2)	(3)	(4)	(5)
	Malnutrition	..	..	..	—	70	—	—
	Uncleanliness	..	..	..	1	16	—	—
Skin	Ringworm :							
	Scalp ..	..	..	..	—	—	—	—
	Body ..	..	..	..	1	1	—	—
	Scabies ..	..	..	..	—	1	—	—
	Impetigo ..	..	..	..	—	—	—	—
	Other Diseases (non-Tuberculous)	..		..	3	11	—	—
Eye	Blepharitis ..	..	..	..	7	4	—	1
	Conjunctivitis ..	..	..	..	1	—	—	—
	Keratitis ..	..	..	..	—	—	—	—
	Corneal Opacities ..	..	..	..	—	—	—	—
	Defective Vision (excluding squint)	..		..	163	115	10	—
	Squint ..	..	..	..	4	—	—	—
	Other Conditions	..	..	..	3	3	—	—
Ear	Defective Hearing	..	..	..	3	7	—	—
	Otitis Media ..	..	..	..	3	12	—	—
	Other Ear Diseases ..	..	..	..	—	3	—	—
Nose and Throat	Enlarged Tonsils only ..	..	..	..	15	63	1	—
	Adenoids only ..	..	..	..	7	4	—	—
	Enlarged Tonsils and Adenoids ..	..	..	..	3	3	—	—
	Other Conditions ..	..	..	..	—	53	—	—
	Enlarged Cervical Glands (non-Tuberculous) ..	..		..	—	10	1	—
	Defective Speech ..	..	..	..	—	3	—	—
	Teeth—Dental Diseases ..	..	..	..	549	69	8	—
Heart and Circulation	Heart Disease :							
	Organic ..	..	..	..	—	3	—	—
	Functional ..	..	..	..	2	21	—	—
	Anæmia ..	..	..	..	2	33	—	—
Lungs	Bronchitis ..	..	..	..	—	1	—	—
	Other non-Tuberculous Diseases ..	..	..	..	—	22	—	1
Tuberculosis	Pulmonary :							
	Definite ..	..	..	..	—	—	—	—
	Suspected ..	..	..	..	—	—	—	—
	Non-Pulmonary :							
	Glands ..	..	..	..	—	—	—	—
	Spine ..	..	..	..	—	—	—	—
	Hip ..	..	..	..	—	—	—	—
	Other Bones and Joints ..	..	..	..	—	—	—	—
	Skin ..	..	..	..	—	—	—	—
	Other Forms ..	..	..	..	—	—	—	—
Nervous System	Epilepsy ..	..	..	..	—	—	—	—
	Chorea ..	..	..	..	—	1	—	—
	Other Conditions ..	..	..	..	1	2	—	—
Deformities	Rickets ..	..	..	..	—	—	—	—
	Spinal Curvature ..	..	..	..	1	20	—	—
	Other Forms ..	..	..	..	4	60	—	—
	Other Defects and Diseases ..	..	..	..	5	239	—	3



# RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1925.

SCHOLARSHIP HOLDERS, BURSARS, ETC.

Defect or Disease.					No. referred for Treatment	No. requiring to be kept under observa- tion, but not referred for Treatment.
Skin	Malnutrition	..	..	..	1	5
	Uncleanliness	..	..	..	3	9
	Ringworm :					
	Scalp ..	..	..	..	—	—
	Body ..	..	..	..	—	—
	Scabies ..	..	..	..	—	—
Eye	Impetigo ..	..	..	..	1	5
	Other Diseases (non-Tuberculous)	..	..	..	—	—
	Blepharitis ..	..	..	..	—	—
	Conjunctivitis ..	..	..	..	—	—
	Keratitis ..	..	..	..	—	—
	Corneal Opacities ..	..	..	..	1	—
Ear	Defective Vision (excluding squint)	..	..	..	48	18
	Squint ..	..	..	..	—	1
	Other Conditions	..	..	..	1	—
	Defective Hearing	..	..	..	1	2
	Otitis Media	..	..	..	1	—
	Other Ear Diseases	..	..	..	—	—
Nose and throat.	Enlarged Tonsils only ..	..	..	..	5	16
	Adenoids only ..	..	..	..	—	—
	Enlarged Tonsils and Adenoids ..	..	..	..	4	—
	Other Conditions	..	..	..	—	3
Enlarged Cervical Glands (non-Tuberculous) ..					—	3
Defective Speech ..					—	—
Teeth—Dental Disease ..					137	20
Heart and circula- tion.	Heart Disease :					
	Organic ..	..	..	..	—	—
	Functional ..	..	..	..	—	7
Lungs	Anæmia ..	..	..	..	1	2
	Bronchitis ..	..	..	..	—	—
	Other Non-Tuberculous Diseases ..	..	..	..	—	4
Tuber- culosis.	Pulmonary :					
	Definite ..	..	..	..	—	—
	Suspected ..	..	..	..	—	—
	Non-Pulmonary :					
	Glands ..	..	..	..	—	—
	Spine ..	..	..	..	—	—
	Hip ..	..	..	..	—	—
	Other Bones and Joints ..	..	..	..	—	—
	Skin ..	..	..	..	—	—
Nervous system.	Other Forms ..	..	..	..	—	—
	Epilepsy ..	..	..	..	—	—
	Chorea ..	..	..	..	—	2
Deform- ities.	Other Conditions ..	..	..	..	—	—
	Rickets ..	..	..	..	—	—
	Spinal Curvature ..	..	..	..	—	7
Other Defects and Diseases	Other Forms ..	..	..	..	1	9
		..	..	..	1	15

Total number examined .. 588

Number of Individual Children found to require Treatment (excluding uncleanliness  
and dental treatment) .. 70

